**Project Approval Form**

Faculty of Life Sciences and Medicine

Institute of Psychiatry, Psychology and Neuroscience

Faculty of Dentistry, Oral & Craniofacial Sciences

Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care

|  |
| --- |
| Student Details |
| Name of Student: Admissions Portal Student number: |
| **Research Degree Programme:** MPhil/PhD  MD(Res)  (please select) |
| **Department/Division/Centre/School:** |
| **Proposed Date of Registration:** October  February  June  (please select) |
| **Mode of Attendance**: Full-time  Part-time  (please select) |
| **Interview Panel Details:** |
| **Interviewer 1 (name and position):**  **Interviewer 2 (name and position):**  **Interviewer 3 (if applicable):**  *FoLSM only*: Faculty interview form completed |

This form is designed to ensure that applicants are admitted to a research degree in accordance with university policy on good practice, as defined by the university’s Regulations Governing Students. It responds to the requirements of the QAA Code, HEFCE, the Research Councils and other funding providers. It ensures that (a) applicants are appropriately selected (b) provided with an offer that is compliant with current Competitions & Marketing Authority (CMA) legislation and (c) adequate arrangements are in place to support the applicant and the research project.

This form **must** be completed and fully approved by the Faculty before an applicant for an MPhil/PhD or MD(Res) degree is given a formal offer by the university and before the applicant starts work on their project, whether full or part-time. If an informal commitment to offer a place is made to an applicant (for example, after interview) this should only be done once the Admissions office has assessed a formal application as being eligible for an offer and it must be made clear that the offer is provisional only. It will only be confirmed officially by the King’s Admissions office after approval is obtained within the Faculty through completion of this form. ***The offer letter will not be sent until the form is fully complete and signed off by all relevant parties.***

In most circumstances the form should be completed by the supervisor(s), with an opportunity for the applicant to contribute to the final version. In certain circumstances, it may be more appropriate for the applicant to lead on the completion of certain sections of the form (i.e. where the research project is initiated by the applicant or where development of the project protocol is recommended as a qualifying condition for the offer), but ultimate responsibility for the accuracy of the information provided rests with the Department/Division/School who must sign off the form. It is important for the reviewer to understand the input that the applicant has had into the project approval process. The applicant should note that acceptance of the offer represents acknowledgement that the information provided in this project approval form represents a summary of the broad outline of the project and it’s supporting arrangements at the outset of the registration. This may evolve as the project develops in order for the research to remain consistent with the criteria for the degree or to take account of factors that are outside the control of the Department/Division/School (e.g. staff changes). The applicant will be consulted about major changes to the direction of project during the course of their degree programme but the Department/Division/School reserves the right to initiate changes.

# Guidance on the application process

1. The completed form must be accompanied by an application submitted via King’s Apply - <https://apply.kcl.ac.uk/> including independent reference(s), exam transcripts and an English language certificate, where required.
2. The School PGR Lead and/or Postgraduate Coordinator may seek appropriate expertise regarding the project.
3. Students are expected to do the majority of their research during the period of enrolment and under supervision by the department.
4. MPhil/PhD programmes are either 3 or 4 years full-time and up to 7 years part-time. The minimum period of study for full-time students is 2 years and for part-time students it is 4 years.
5. MD(Res) programmes are 2 (up to 3) years full-time and up to 5 years part-time.
6. Staff employed full-time, including research contract workers, can be registered as full-time students if they are following a full-time study plan.
7. FoLSM: Please review the DBS and Occupational Health Clearance Guidance on [our KEATS page](https://keats.kcl.ac.uk/course/view.php?id=51121) before completing statutory issues section.
8. Section 2 should be completed for all students so those responsible for approval have information on the costs of the proposed study and how this is intended to be resourced. This does not indicate a financial commitment on behalf of the university to the student as part of the offer. All figures provided should relate to the costs per annum during the 1st year which will be subject to inflationary increases during subsequent years of study.
9. Sections 2A or 2B indicate that a financial commitment is being extended to the student by the Department/Division/School and should therefore be completed only where this funding has been fully confirmed. If confirmation of funding is not available, or the applicant has personal funding (e.g. via an overseas government, employer, etc.) these sections should be left blank. If funding is confirmed but part of the detail is missing (e.g. an internal account code may only be confirmed to the Department/Division/School close to the registration date) please enter ‘TBC’ and ensure the information is uploaded to the application on King’s Apply when this is available.
10. Tuition fees can be found on the relevant research course page on the [online prospectus.](https://www.kcl.ac.uk/study/postgraduate-research) Please note the amounts in sections 2A or 2B.
11. The first supervisor must be a member of King’s academic staff; adjunct academic staff employed by one of King’s Health Partner Trusts, or a career development fellow, as specified in the King's Academic Manual: Framework for Postgraduate Research degrees. Both supervisors should have obtained a PhD or equivalent degree (as relevant to the student in question) and have established research experience. A least one member of the supervisory team must have a successful record of supervising a doctoral student to completion. All supervisors must have attended the King’s supervisory professional development session during the past five years. All new supervisors must undertake the training course organised by the Centre for Doctoral Studies.
12. The nomination of Independent Scientific Experts as members of the thesis progression committee (relevant only to FoLSM and FoDOCS) is not mandatory at the offer stage but can be deferred to registration of the student + 2 months.
13. All applicants must be interviewed by an appropriate panel comprised at least 2 academic members of staff, who each must have clearly defined roles and who should have completed equal opportunities or unconscious bias training. Mixed gender panels are preferred. Students who have not been appointed on the basis of competitive selection (e.g. self-funded students, independently funded students or members of staff) must attend an interview with a panel which includes the PGR Coordinator (or equivalent), Admissions tutor or a delegate. In the case of FoLSM the panel will ideally comprise of the PGR Lead/PGR Coordinator and two academic members of staff. The FoLSM PGR lead/PGR Coordinator may nominate a delegate; the nominated delegate must be an academic member of staff who is independent of the supervisory team. In the case of FoDOCS, the panel will consist of at least three members of academic staff, including one who is outside of the supervisory group, and candidates will only be accepted if all three members are in agreement. Interview panels should ensure that candidates have appropriate English language skills.
14. Appropriate arrangements must be made for overseas students who cannot be interviewed in person.

The topic for research outlined below gives a broad outline of the project to be undertaken at the outset of the registration period. This does not preclude adjustments to the project plan being made at a later date as the research progresses to take into account results obtained by the student, developments in the wider subject area and/or feedback received on the work but this will take place in full consultation with the student.

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| 1. Project Details and Peer Review | | | | | | | | | |
| Title of project: | | | | | | | | | |
|  | | | | | | | | | |
| Has this project been subject to full external peer review in the form of a grant application or studentship award? | | | | | | | Yes  No | | |
| *If ‘yes’ please give details below or attach supporting paperwork. The remainder of this form must be still be completed in full and will be subject to independent internal review.* | | | | | | | | | |
| **Essential background (up to 500 words including key references)**  Describe background to the work including that carried out in the supervisor’s own team and previous work. [This information will be used by the reviewers to understand the context of the proposed study].  **Aim of the investigation (up to 150 words)**  State primary research question and where appropriate the primary hypotheses being tested  **Proposed plan of work** **(up to 1000 words)**  Please include key aspects of study design, key research methods (including statistical methods and appropriate power calculations for the primary hypotheses. Ensure that it is clear how the design and methods will address the study aims.  This information may also be used by the Centre for Doctoral Studies for the electronic submission of Doctoral Training Grants. | | | | | | | | | |
| **Resources**  What project-specific resources does the study need (e.g. imaging time, access to specialist equipment, access to specific clinical samples) and how will these be provided? | | | | | | | | | |
| Does the project require access to NHS patients? | | | | | | | Yes  No | | |
| *If yes, supervisor(s) should have discussed the project with appropriate individuals in those services. Studies involving patients from King’s Health Partners (KHP) Clinical Academic Groups (CAGs) / Operations Directorates, should have the support in principle from a suitable member of the CAG’s/ Operations Directorate’s Research Committee (NB such projects will require formal approval by that Committee at a later stage).* | | | | | | | | | |
| The project has been discussed and is supported in principle by the relevant clinical service(s)/CAG(s)/Operations Directorate | | | | | | | Yes  No  N/A | | |
| Name of relevant KHP CAG(s)/Operations Directorate consulted: | | | | | | | | | |
| **Training**  Are there any specialist training needs? If so, how will these be met? | | | | | | | | | |
| **Distinctiveness**  If it is part of a larger programme of research, in what way will the project provide a discrete and distinctive area of study for the student? If not applicable, please state why. | | | | | | | | | |
| **Intellectual contribution**  What has been the contribution of the student to planning the proposed study (including details of the student’s contribution to completing this form)? | | | | | | | | | |
| Statutory Issues | | | | | | | | | |
| Does project involve the following? | | *Tick one* | | *If yes, complete details below, deleting as necessary* | | | | | |
| Human participants | | Yes  No | | Ethical Committee reference #: | | | | | |
| Storage of patient data on a computer | | Yes  No | | Will patients’ details be anonymised? | | | | | Yes No N/A |
| Access to confidential data | | Yes  No | | Do computer and associated data storage comply with KCL [security](https://internal.kcl.ac.uk/it/security) and [data protection](https://www.kcl.ac.uk/policyhub/data-protection-policy-2) guidance? | | | | | Yes No N/A |
| Use of radioisotopes/radiation source | | Yes  No | | Is radiation project registered with Health & Safety Services | | | | | Yes No N/A |
| Experimental animals\*  **\*please note which animals below** | | Yes  No | | Home Office Licences in place? | | | | | Yes No N/A |
| Genetically manipulated organisms | | Yes  No | | Has appropriate HSE approval been obtained? | | | | | Yes No N/A |
| Home Office/HSE/DEFRA notifiable pathogens | | Yes  No | | Have appropriate arrangements and notifications been made? | | | | | Yes No N/A |
| If ethical or other statutory approvals are required for the project but are not currently in place, please explain how and when these will be obtained, and who will take responsibility to ensure all approval and permissions are obtained? | | | | | | | | | |
| **\*Animals:** | | | | | | | | | |
| Has a full COSHH risk assessment been carried out? | | | | | Yes  No  N/A | | | | |
| If ‘no’, who will be responsible for ensuring a risk assessment is conducted before the project commences? | | | | | | | | | |
|  | | | | | | | | | |
| Is a Disclosure Barring Service (DBS) check required? Yes  No  Is a Disclosure Barring Service (DBS) certificate required by registration? Yes  No  If no, when is a Disclosure Barring Service (DBS) certificate required by? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Is an Occupational Health (OH) check required? Yes  No  Is an Occupational Health (OH) check by registration? Yes  No  If no, when is Occupational Health clearance required by? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please tick which OH requirements apply:   |  |  | | --- | --- | | OH Required for all students on programme |  | | Regular direct patient contact and involving EPP |  | | Regular direct patient contact, not involving EPP |  | | Patient specimens (e.g. blood or tissue samples) |  | | Genetically modified or biological agents that may pose a hazard to human health |  | | Exposure to human pathogens in the environment (e.g.  soils or surface water systems) |  | | Hazards for which health surveillance is necessary (e.g. respiratory sensitisers) |  | | If OH clearance is required, following an offer to study, the applicant will receive an email invite from the Occupational Health COHORT system in order to complete a questionnaire. |  |   If a Research Passport is needed for the project ['algorithm of research activity and pre-engagement checks'](https://www.myresearchproject.org.uk/help/help%20documents/The-Research-Passport-Algorithm-of-Research-Activity-and-Pre-Engagement-Checks.pdf) provides guidance on the pre-engagement check requirements for researchers undertaking their activities in the NHS. | | | | | | | | | |
| **Will the student carry out off campus study?** Yes  No  If yes, please provide details of any project work that will be conducted overseas / at a partner institution or collaborating organisation. The [Off-Campus Study form](https://internal.kcl.ac.uk/student/doctoral-studies/pgr/docs/index.aspx) should be completed for all students if more than one month is spent off-campus in the UK or more than one week overseas. Details of institution, address, length of placement, reasons for off campus study, and supervisory arrangements should be provided. Students working off-campus must comply with the University [Regulations.](https://www.kcl.ac.uk/policyhub/framework-for-postgraduate-research-awards) | | | | | | | | | |
| 2. Funding (all students) | | | | | | | | | |
| **What are the projected costs for the period of study? Please specify below.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Tuition fees** | **Stipend** | **Consumables/ Research Training Support (RTS) Fees** | **Other** | **Total** | |  |  |  |  |  |     **Please confirm what type of funding do you or your student have:**  **Studentship  Followship  Self-funded  Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please state)**   |  |  |  | | --- | --- | --- | |  | For tuition fees | For Research costs/ Bench fees | | Funding start date |  |  | | Funding end date |  |  |   **Type of studentship:**  **Standard DTP  CASE  Centre (CDT)  Capacity Building  Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please state)** | | | | | | | | | |
| **Self-funded students**  **Please provide information on how the student will fund their studies. This should include information relating to cost-of-living expenses, tuition fees and other bench fees or research costs (considering costs of living in London)** | | | | | | | | | |
| **Origin of intended financial support to student and the project. Please tick and enter approximate amounts of funding per annum (exclusive of inflation) as appropriate. If significantly different by years list each year separately** | | | | | | | | | |
|  | Tuition fees | | Bench/RTS fees | | | Living costs (stipend) | | Travel/Training/Misc. | |
| \*Research Council Grant |  | |  | | |  | |  | |
| Centre for Doctoral Studies Funding Scheme |  | |  | | |  | |  | |
| Overseas Government |  | |  | | |  | |  | |
| UK Government |  | |  | | |  | |  | |
| Charity |  | |  | | |  | |  | |
| Industry |  | |  | | |  | |  | |
| Departmental/ Faculty studentship |  | |  | | |  | |  | |
| Self-funded/Family\* |  | |  | | |  | |  | |
| Other (please specify) |  | |  | | |  | |  | |
| Full Name & Address of funder: | | | | | | Is this funding confirmed? Yes  No  NA  If yes, please attach a funding attach a letter or confirmation of award. If not available please select “No”. | | | |
| \*Please indicate the Research Council(s) funding:  BBSRC  MRC  NERC  EPSRC  ESRC  AHRC  STFC | | | | | | | | | |
| Does the financial support cover the full cost of the study? If no, how will the study be funded? | | | | | | | | | |
| **Cost of research (bench/RTS fees)**  Please provide details of any bench fees that are funded locally or by a KCL/KHL grant or studentships:   |  |  | | --- | --- | | **Actual Amount (per annum)** | **Account Code (to charge bench/RTS fees):** | |  |  |   Please only state bench/RTS fees if they are to be invoiced to the applicant or their funder directly and not covered by a KCL/KHP administered grant or studentship. Please attach a letter from the funder(s) confirming the studentship, and the confirmation of the account code from Finance, if appropriate.   |  |  |  | | --- | --- | --- | | **Band Range** | **Actual Amount (per annum)** | **Account Code (to receive bench/RTS fees):** | | No Bench/RTS Fee | Provide justification | N/A | | **Band 1 and 2, please provide a summary of costs** | | | | Band 1 (£1,000 to £5,000) |  |  | | Band 2 (£5,001 to £9,999) |  |  | | Band 3 (£10,000 and above) |  |  | | For Band 3 fees, please attach a full breakdown of research training and support costs or budget sheet from grant application (as applicable)  Duration of bench fees in years  3 years from registration;  4 years from registration  6 years from registration  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **Complete for projects with confirmed funding by Research Council Doctoral Training Grants ONLY**  Please note this information will also be used by the Centre for Doctoral Studies for the electronic submission of Doctoral Training Grants | | | | | | | | | |
| For grants paid through university/Faculty please give account from which fees will be paid  Grant Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **Collaboration (if applicable, normally CASE studentships)** | | | | | | | | | |
| Name & address of collaborating organisation(s):  [If available, please provide a copy of the application form to the Research Council] | | | | | | | | | |
| Name & address and contact details of industrial supervisor: | | | | | | | | | |
| Details of Collaborating Organisation Contribution (total amount and use of funding)  £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Period spent on Industrial Premises (months): | | | | | | | | | |
| **For all funding administered by KCL including funded by Research Council** | | | | | | | | | |
| Name of a Professional Services colleague who we can liaise regarding this funding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If possible, at the time of completion please provide the following:   |  |  | | --- | --- | | Account code for fees |  | | Account code for stipend |  | | Account code for RTSG: |  | | | | | | | | | | |

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| **3.** **Supervisors** | | | |
| **First Supervisor / Co-supervisor (delete as applicable)** | | | |
| Full Name (including title): | Academic Position: | | |
|  | Lecturer  Senior Lecturer  Reader  Professor | | |
| Degree Qualifications: | Contract: KCL (Academic)  Adjunct (KHP) | | |
|  | Career development fellow  Date of Expiry of Contract:  **If part-time, percentage FTE:** | | |
| Number of research degree students previously supervised | MPhil/PhD | MD(Res) | Other (e.g. DClinPsych) |
| Number of above who withdrew or did not complete | MPhil/PhD | MD(Res) | Other (e.g. DClinPsych) |
| Number of FT & PT research degree students currently supervised | MPhil/PhD | MD(Res) | Other (e.g. DClinPsych) |
| Number of FT & PT research degree students currently supervised | Year 1 Year 2 Year 3 Year 4 | | |
| Research Degree Supervisory course(s) attended  Course name: | | | |
| Date: Hosted by: | | | |
| Department/ Division:  For FoLSM and IOPPN, please state School: | Room, Building and Campus: | | |
| Telephone Number: | Email address: | | |
|  |  | | |
| **Second Supervisor / Co-supervisor (delete as applicable)** | | | |
| Full Name: | Position : | | |
|  | Lecturer  Senior Lecturer  Reader  Professor  Other  Please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Degree Qualifications: | Contract : KCL (academic)  Adjunct (KHP)  Career development fellow  External | | |
|  | Date of Expiry of Contract:  **If part-time, percentage FTE:** | | |
| Number of research degree students previously supervised | MPhil/PhD | MD(Res) | Other (e.g. DClinPsych) |
| Number of above who withdrew or did not complete | MPhil/PhD | MD(Res) | Other (e.g. DClinPsych) |
| Number of FT research degree students currently supervised | MPhil/PhD | MD(Res) | Other (e.g. DClinPsych) |
| Number of FT research degree students currently supervised | Year 1 Year 2 Year 3 Year 4 | | |
| Research Degree Supervisory courses attended:  Course Name: | | | |
| Date: Hosted by: | | | |
| Department/ Division:  For FoLSM and IOPPN, please state School: | Room, Building and Campus: | | |
| Telephone Number: | Email address: | | |
| **If a third supervisor is necessary, please duplicate the above table and provide details** | | | |
| **4. Project Agreement and Approval** | | | | |
| We approve the application and agree to the appointment of the above named applicant. We certify that the information given in this form is accurate. We understand that the research for a PhD or an MD(Res) and the preparation of the thesis must be completed in the period prescribed for this particular degree programme. We believe that the applicant will be able to devote the necessary time required to complete their research and thesis in the specified study period. Sufficient resources are expected to be available to enable the applicant to complete the project satisfactorily. ***Please sign below*** | | | | |
| **First Supervisor / Co-supervisor (delete as applicable)**  Print\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Second Supervisor / Co-supervisor (delete as applicable)**  Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **Student** |
| I confirm that the above information is correct. I understand that an offer of a place on a programme does not guarantee funding and that if I am not in receipt of funding I will have to cover the costs by my own means. |
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| Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PLEASE NOTE THAT THE FORMAL UNIVERSITY OFFER LETTER CANNOT BE ISSUED BY ADMISSIONS UNTIL THE FORM IS FULLY COMPLETED, SIGNED, DATED & APPROVED. ONCE COMPLETE, THIS FORM MUST BE UPLOADED BY THE DEPARTMENT / DIVISION / SCHOOL ADMISSIONS TUTOR TO THE APPLICATION ON KING’S APPLY.**

**PLEASE NOTE THAT THE ROLE OF THE BELOW AUTHORISED SIGNATORIES VARIES ACCORDING TO FACULTY.**

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| **Section 5 Approvals** |

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| **Approval of academic suitability** |
| I approve the application and admission of this student and confirm that the application meets the necessary standards. |
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| Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Role Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorised signatories: **FoLSM –** School PGR Lead/PGR Coordinator; **FoDOCS** – Postgraduate Coordinator; **IoPPN** – PGR Sub-Committee Chair; **FNFNM&PC** – PhD Coordinator. |

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| **Approval of funding** |
| I confirm that resources have been costed appropriately for the applicant to complete the project satisfactorily should funding be in place either from a grant/scholarship or self-funded. |
|  |
| Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Role Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorised signatories: **FoLSM** – School Manager; **IoPPN** – Department Business Manager;  **FoDOCS** – Postgraduate Coordinator or First Supervisor;  **FNFNM&PC** – PhD Coordinator. |

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| **Confirmation of facilities / space / additional resources** |
| I confirm that the necessary facilities and space are available for this student and any additional resources have been costed appropriately. |
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| Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Role Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorised signatories:  **FoLSM** – Head of School; **IoPPN** – Head of Department;  **FoDOCS** – Head of Centres ;  **FNFNM&PC -** PhD Coordinator. |

**For Office Use:**

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| **Thesis Progression Committee Chair/ Sub-committee Chair (Mandatory at Project Approval Stage)**  *FoLSM only: to be appointed by School PGR Lead/PGR Coordinators*  *FoDOCS only: Supervisors must confirm thesis committee panel within 2 months of the student’s start date.* | |
| Full Name: | Research Group or Division: |
|  |  |
| Telephone Number: | Email address: |
|  |  |
| Room, Building and Campus: | |
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| **Independent Scientific Expert (Optional at Project Approval Stage)**  *FoLSM only: to be assigned by supervisor(s) within three months of start date* | |
| Full Name: | Research Group or Division: |
|  |  |
| Telephone Number: | Email address: |
|  |  |
| Room, Building and Campus: | |
|  | |
| **Independent Scientific Expert 2 (Optional at Project Approval Stage)** | |
| Full Name: | Research Group or Division: |
|  |  |
| Telephone Number: | Email address: |
|  |  |
| Room, Building and Campus: | |
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| **Postgraduate Coordinator / Tutor** **/ Progress Reviewer** **(Mandatory at Project Approval Stage)** | |
| Full Name: | Research Group or Division: |
|  |  |
| Telephone Number: | Email address: |
|  |  |
| Room, Building and Campus: | |
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